



OLD AGE PENSIONER REGISTRATION

Date: _____	
Account nr: _____	Erf / Area Details: _____
Account Holder: _____	Physical address: _____
ID nr: _____	_____
Contact nr: _____	E-mail address: _____
_____	_____

An 80% rebate will be granted under the following conditions:

- Owner/s of residential premises, with only one dwelling erected on premises
- Occupant/s of premises
- Total combined household income from all resources, may not exceed **R10 320.00** per month

MUNICIPAL MANAGER

Required documentation to be attached:

- Municipal account
- Copy of ID/s
- 3 months Bank Statements
- Proof of Income
- Supporting documents, if needed

for queries: 015 290 2186

amandaj@polokwane.gov.za

AFFIDAVIT / VERKLARING

I, _____ hereby declare:

1. I am the registered Owner **and** reside on the property _____
2. The **TOTAL**, combined household income, from all resources, does not exceed **R10 320.00**
3. I understand and confirm all details given to be true.
- 4 My residential address is: _____

Signed on this _____ day of _____

SIGNATURE

COMMISSIONER OF OATH

For office use only

Query Outstanding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Query Date _____
Details of Query _____			

Query Sorted	_____	Date Sorted	_____
Date received	_____	Signature	_____
In order to receive Rebate	_____	Signature	_____